

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

10/576719

FILING DATE

APPLICANT(S)

CLAIMS

3
2
5

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	9					
TOTAL DEP.	6					
TOTAL CLAIMS	9					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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